

boundary of the tribe's reservation. When Congress initially considered Public Law 103-93, the Goshute Tribe requested a resolution of the irregular configuration on the reservation's southern boundary. The irregular configuration and remote location of about 8,000 acres of land along that boundary make proper land management virtually impossible. In fact, the State of Utah, the Bureau of Land Management and the tribe have been unable to prevent trespassing and poaching in this area.

This measure will improve the tribe's ability to manage and preserve that land.

H.R. 2464 was introduced in the House by my good friend Congressman JIM HANSEN of Utah, and has wide support from many diverse groups including the Bureau of Land Management, the State of Utah, the Goshute Tribe, Juab County, and the Utah Wilderness Coalition.

This legislation is very important to the people of Utah—to our school system—and to the tribal members of the Goshute Tribe.

I urge my colleagues in the Senate to support its passage.

Mr. MURKOWSKI. I would like to ask my friend, the Senator from Arizona [Mr. MCCAIN], the Chairman of the Committee on Indian Affairs, if he would engage in a colloquy with me and the Senator from Idaho [Mr. CRAIG], the chairman of the Subcommittee on Forests and Public Land Management, on the bill H.R. 2464?

Mr. MCCAIN. I will be pleased to have a colloquy with the Senator from Alaska and the Senator from Idaho.

Mr. MURKOWSKI. I thank the Senator. As he knows, H.R. 2464 amends the Utah Schools and Lands Improvement Act of 1993, an Act which, in the 103rd Congress, was considered exclusively by the Committee on Energy and Natural Resources.

I was therefore surprised to learn that on May 15th of this year the Parliamentarian referred H.R. 2464 to the Committee on Indian Affairs. I was further surprised to learn that on the very next day, May 16th, the Parliamentarian referred an identical Senate bill, S. 1766, introduced by our colleague, Senator BENNETT, to the Committee on Energy and Natural Resources, which then referred it to Senator CRAIG's Subcommittee.

So I ask my friend, the Chairman of the Committee on Indian Affairs, whether he would agree with me and Senator CRAIG that it would have been appropriate for the Parliamentarian to refer H.R. 2464 to the Committee on Energy and Natural Resources?

Mr. MCCAIN. I agree with the Senators from Alaska and Idaho that referral of H.R. 2464 to the Committee on Energy and Natural Resources would have been appropriate. The rules of the Senate are clear that issues pertaining to the management of the public lands are within the jurisdiction of the Committee on Energy and Natural Resources.

I note, however, that both the 1993 Act and H.R. 2464 include provisions that deal with the issue of adding land in trust to Indian reservations in Utah. Would the Chairman of the Energy Committee agree with me that, with respect to this issue, referral of the legislation to the Committee on Indian Affairs is appropriate?

Mr. MURKOWSKI. I agree with the Senator from Arizona.

Mr. MCCAIN. I thank the Senator. As he knows, the Committee on Indian Affairs held a hearing on H.R. 2464. The Committee found that the authority the bill would provide for addressing reservation boundary-related problems is appropriate and necessary and very important to the Goshute Indian Tribe. The Committee supports this meritorious and noncontroversial legislation.

Mr. MURKOWSKI. I thank the Senator from Arizona for his statement.

Mr. CRAIG. I am pleased to add that we have looked at the hearing record and the report of the Committee on Indian Affairs on H.R. 2464. The Subcommittee has reviewed the bill, and I am confident that had we had more time this session, we would have reported it favorably. We have no problems with the bill as reported by the Committee on Indian Affairs.

I see no reason for further consideration of the legislation by the Subcommittee on Forests and Public Lands or the Full Committee on Energy and Natural Resources.

Mr. MURKOWSKI. I concur with the Senator from Idaho, and I thank the Senator from Arizona for his Committee's expeditious work on this legislation. I am pleased to join with him in urging that it be passed.

Mr. STEVENS. Mr. President, I ask unanimous consent the bill be deemed read for a third time, passed, the motion to reconsider be laid on the table, and any statements relating to the bill be placed at the appropriate place in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 2464) was deemed read a third time and passed.

#### INDIAN HEALTH CARE IMPROVEMENT TECHNICAL CORRECTIONS ACT OF 1996

Mr. STEVENS. Mr. President, I ask unanimous consent the Senate turn now to the immediate consideration of Calendar No. 577, H.R. 3378.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

A bill (H.R. 3378) to amend the Indian Health Care Improvement Act to extend the demonstration program for direct billing of Medicare, Medicaid, and other third-party payors.

The PRESIDING OFFICER. Is there objection to the immediate consideration of the bill?

There being no objection, the Senate proceeded to consider the bill.

AMENDMENT NO. 5392

(Purpose: To provide a substitute)

Mr. STEVENS. Mr. President, Senator MCCAIN has a substitute amendment at the desk. I ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Alaska [Mr. STEVENS], for Mr. MCCAIN, proposes an amendment numbered 5392.

The amendment is as follows:

Strike all after the enacting clause and insert the following:

#### SECTION 1. SHORT TITLE; REFERENCES.

(a) SHORT TITLE.—This Act may be cited as the "Indian Health Care Improvement Technical Corrections Act of 1996".

(b) REFERENCES.—Whenever in this Act an amendment or repeal is expressed in terms of an amendment to or repeal of a section or other provision, the reference shall be considered to be made to a section or other provision of the Indian Health Care Improvement Act.

#### SEC. 2. TECHNICAL CORRECTIONS IN THE INDIAN HEALTH CARE IMPROVEMENT ACT.

(a) DEFINITION OF HEALTH PROFESSION.—Section 4(n) (25 U.S.C. 1603(n)) is amended—

(1) by inserting "allopathic medicine," before "family medicine"; and

(2) by striking "and allied health professions" and inserting "an allied health profession, or any other health profession".

(b) INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.—Section 104(b) of the Indian Health Care Improvement Act (25 U.S.C. 1613a(b)) is amended—

(1) in paragraph (3)—

(A) in subparagraph (A)—

(i) by striking the matter preceding clause (i) and inserting the following:

"(3)(A) The active duty service obligation under a written contract with the Secretary under section 338A of the Public Health Service Act (42 U.S.C. 2541) that an individual has entered into under that section shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice, by service—";

(ii) by striking "or" at the end of clause (iii);

(iii) by striking the period at the end of clause (iv) and inserting "; or"; and

(iv) by adding at the end the following new clause:

"(v) in an academic setting (including a program that receives funding under section 102, 112, or 114, or any other academic setting that the Secretary, acting through the Service, determines to be appropriate for the purposes of this clause) in which the major duties and responsibilities of the recipient are the recruitment and training of Indian health professionals in the discipline of that recipient in a manner consistent with the purpose of this title, as specified in section 101.";

(B) by redesignating subparagraphs (B) and (C) as subparagraphs (C) and (D), respectively;

(C) by inserting after subparagraph (A) the following new subparagraph:

"(B) At the request of any individual who has entered into a contract referred to in subparagraph (A) and who receives a degree in medicine (including osteopathic or allopathic medicine), dentistry, optometry, podiatry, or pharmacy, the Secretary shall defer the active duty service obligation of that individual under that contract, in order that such individual may complete any internship, residency, or other advanced clinical training that is required for the practice

of that health profession, for an appropriate period (in years, as determined by the Secretary), subject to the following conditions:

“(i) No period of internship, residency, or other advanced clinical training shall be counted as satisfying any period of obligated service that is required under this section.

“(ii) The active duty service obligation of that individual shall commence not later than 90 days after the completion of that advanced clinical training (or by a date specified by the Secretary).

“(iii) The active duty service obligation will be served in the health profession of that individual, in a manner consistent with clauses (i) through (v) of subparagraph (A).”;

(D) in subparagraph (C), as so redesignated, by striking “prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) by service in a program specified in subparagraph (A)” and inserting “described in subparagraph (A) by service in a program specified in that subparagraph”; and

(E) in subparagraph (D), as so redesignated—

(i) by striking “Subject to subparagraph (B),” and inserting “Subject to subparagraph (C).”; and

(ii) by striking “prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m)” and inserting “described in subparagraph (A)”;

(2) in paragraph (4)—

(A) in subparagraph (B), by striking the matter preceding clause (i) and inserting the following:

“(B) the period of obligated service described in paragraph (3)(A) shall be equal to the greater of—”;

(B) in subparagraph (C), by striking “(42 U.S.C. 254m(g)(1)(B))” and inserting “(42 U.S.C. 254l(g)(1)(B))”;

(3) in paragraph (5), by adding at the end the following new subparagraphs:

“(C) Upon the death of an individual who receives an Indian Health Scholarship, any obligation of that individual for service or payment that relates to that scholarship shall be canceled.

“(D) The Secretary shall provide for the partial or total waiver or suspension of any obligation of service or payment of a recipient of an Indian Health Scholarship if the Secretary determines that—

“(i) it is not possible for the recipient to meet that obligation or make that payment;

“(ii) requiring that recipient to meet that obligation or make that payment would result in extreme hardship to the recipient; or

“(iii) the enforcement of the requirement to meet the obligation or make the payment would be unconscionable.

“(E) Notwithstanding any other provision of law, in any case of extreme hardship or for other good cause shown, the Secretary may waive, in whole or in part, the right of the United States to recover funds made available under this section.

“(F) Notwithstanding any other provision of law, with respect to a recipient of an Indian Health Scholarship, no obligation for payment may be released by a discharge in bankruptcy under title 11, United States Code, unless that discharge is granted after the expiration of the 5-year period beginning on the initial date on which that payment is due, and only if the bankruptcy court finds that the nondischarge of the obligation would be unconscionable.”.

(C) CALIFORNIA CONTRACT HEALTH SERVICES DEMONSTRATION PROGRAM.—Section 211(g) (25 U.S.C. 1621j(g)) is amended by striking “1993, 1994, 1995, 1996, and 1997” and inserting “1996 through 2000”.

(D) EXTENSION OF CERTAIN DEMONSTRATION PROGRAM.—Section 405(c)(2) (25 U.S.C. 1645(c)(2)) is amended by striking “September 30, 1996” and inserting “September 30, 1998”.

(E) GALLUP ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTER.—Section 706(d) (25 U.S.C. 1665e(d)) is amended to read as follows:

“(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated, for each of fiscal years 1996 through 2000, such sums as may be necessary to carry out subsection (b).”.

(F) SUBSTANCE ABUSE COUNSELOR EDUCATION DEMONSTRATION PROGRAM.—Section 711(h) (25 U.S.C. 1665j(h)) is amended by striking “1993, 1994, 1995, 1996, and 1997” and inserting “1996 through 2000”.

(G) HOME AND COMMUNITY-BASED CARE DEMONSTRATION PROGRAM.—Section 821(i) (25 U.S.C. 1680k(i)) is amended by striking “1993, 1994, 1995, 1996, and 1997” and inserting “1996 through 2000”.

Mr. MCCAIN. Mr. President, I rise today in support of H.R. 3378, a bill to amend the Indian Health Care Improvement Act to extend the authorization of the Indian health demonstration program for direct billing of Medicare, Medicaid and other third party payors. I am pleased to support the House-passed provisions of H.R. 3378 and to offer a substitute amendment that will make additional technical corrections to the Indian Health Care Improvement Act and reauthorize additional Indian health demonstration programs.

Mr. President, approximately 20 years ago, the Congress enacted the Indian Health Care Improvement Act to meet the fundamental trust obligation of the United States to ensure that comprehensive health care would be provided to American Indians and Alaska Natives. Despite advances achieved through the implementation of the act, the health status of Indian people remains far below that of the national population.

The Indian Health Service, as the lead agency responsible for administering programs under the act, has identified several areas where the act requires modification to fulfill its intended purpose. The substitute amendment I have proposed incorporates those amendments to the act to allow maximum flexibility in the delivery of health services to American Indians and Alaska Natives.

First, the substitute amendment clarifies certain provisions in order to allow greater flexibility to the IHS in administering IHS scholarships and programs. The amendment modifies the definition of Health Profession in section 4(n) to include “allopathic medicine” in order to provide more flexibility to the IHS in awarding scholarship assistance to individuals enrolled in health degree professions. Prior to the 1992 amendments, individuals studying disciplines such as allopathic medicine were eligible to receive IHS assistance. Because the 1992 amendments omitted this reference, many individuals were denied eligibility for scholarship assistance. This amendment restores their eligibility for scholarship funds and fulfills the Act’s intent.

Next, the amendment also clarifies certain provisions under section 104(b), the Indian Health Professions Scholar-

ship, to clarify the authority of the Secretary of the Department of Health and Human Services to waive or defer service or payment obligations of Indian health professionals under specified circumstances. Many requirements for a degree in the health professions include an internship, residency, or other advanced clinical program. The substitute amendment would clarify the authority of the Secretary to defer a scholarship recipient’s service or repayment obligation until the recipient has completed his or her education program.

The Indian Health Care Improvement Act also authorizes several innovative demonstration projects to increase and improve services to Indian communities and to serve as models to be replicated on other reservations. The substitute amendment includes the extension for the Indian Health Medicare/Medicaid Program, as provided for in H.R. 3378, and reauthorizes several additional programs through the year 2000. Several of these demonstration projects, including the California Contract Health Services Demonstration Program, the Gallup Alcohol and Substance Abuse Demonstration Program, the Substance Abuse Counselor Education Demonstration Program and the Home and Community Based Care Demonstration Program, are due to sunset in this fiscal year.

The California Contract Health Services Demonstration Program authorizes the California Rural Indian Health Board to act as a contract care intermediary to improve the accessibility of health services to California Indians. The program has successfully enabled tribal programs to provide in-patient services and prevent high-cost cases from devastating many small tribal health programs in California. It is estimated that 41 percent of the California tribes participate in this program.

The Home and Community Based Care Demonstration Program authorizes Indian tribes to enter into contracts to establish demonstration projects for the delivery of home and community based services to functionally-disabled Indians. The Substance Abuse Counselor Education Demonstration Project authorizes the IHS to enter into contracts with, or make grants to, colleges, universities and tribally-controlled community colleges to develop educational curricula for substance abuse counseling.

The Gallup Alcohol and Substance Abuse Treatment Program has funded residential treatment for alcohol and substance abuse at the Navajo Adult Rehabilitation Demonstration Project. The grant program has also funded a protective custody program for alcohol abuse offenders at the Gallup Crisis Center. These programs are unique to the Navajo Nation area and provide valuable services as a community-based outpatient program.

Finally, the substitute amendment includes the House-passed language to

extend the authorization for the Medicare/Medicaid Demonstration Program. This program allows four tribal health contract operators to directly bill and collect Medicare/Medicaid payments rather than operate through the current system of channeling payments through the IHS. The four participating Indian tribes include Mississippi Band of Choctaw Indians, Bristol Bay Area Health Corporation of Alaska, Choctaw Tribe of Oklahoma and South East Alaska Regional Health Consortium. The Medicare/Medicaid Demonstration Program has been a highly successful program for the participating tribes and the IHS, who have reported significantly increased collections for Medicare/Medicaid services and greater efficiency in the billing/payments process.

In an interim report on this program, Secretary Shalala of the Department of Health and Human Services describes the remarkable increase in Medicare and Medicaid collections by tribal health providers achieved through this program. For example, through the demonstration program, the Mississippi Band of Choctaw Indians has doubled its Medicare and Medicaid collections, which has led to further improvements to the overall quality of health care provided to its members. The Bristol Bay Area Health Corporation of Alaska has been able to expand its health care, disease prevention and health education services to an additional 32 villages in Alaska. The Southeast Alaska Regional Health Corporation reported a 600 percent increase in Medicaid collections during the first 2 years of the pilot project. This funding increase has allowed the Southeast Alaska Regional Health Corporation to upgrade its health care facilities and achieve "Accreditation with Commendation" from the Joint Commission on Accreditation of Healthcare Organizations. Unless this program is reauthorized, these tribal health facilities will be forced to return to the IHS-managed collection system and forego much of the progress that has been achieved. Based on the record of success of this program, I am pleased that my colleagues support the extension of this program for 2 years.

Mr. President, the changes I am proposing in this substitute amendment will bring us closer to meeting the goals of the Indian Health Care Improvement Act to raise the health status of Indian people and to ensure the continuation of several important Indian health care programs. The changes I have proposed in the substitute amendment have been cleared by the respective Committees of jurisdiction in the House of Representatives. I thank my colleagues for their support in passing this important legislation.

Mr. STEVENS. I ask unanimous consent that the amendment be agreed to, the bill be deemed read for a third time, passed, the motion to reconsider be laid on the table, and any state-

ments relating to the bill be placed at the appropriate place in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 5392) was agreed to.

The bill (H.R. 3378), as amended, was agreed to.

#### INDIAN REORGANIZATION ACT AMENDMENTS

Mr. STEVENS. Mr. President, I ask unanimous consent the Senate turn to immediate consideration of Calendar No. 573, H.R. 3068.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report.

The legislative clerk read as follows:

A bill (H.R. 3068) to accept the request of the Prairie Island Indian Community to revoke their charter of incorporation issued under the Indian Reorganization Act.

The PRESIDING OFFICER. Is there objection to the immediate consideration of the bill?

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Indian Affairs, with an amendment to strike all after the enacting clause and inserting in lieu thereof the following:

#### SECTION 1. REVOCATION OF CHARTER OF INCORPORATION OF THE PRAIRIE ISLAND INDIAN COMMUNITY UNDER THE INDIAN REORGANIZATION ACT.

(a) ACCEPTANCE OF REQUEST TO REVOKE CHARTER.—*The request of the Prairie Island Indian Community to surrender the charter of incorporation issued to that community on July 23, 1937, pursuant to section 17 of the Act of June 18, 1934, commonly known as the "Indian Reorganization Act" (48 Stat. 988, chapter 576; 25 U.S.C. 477) is hereby accepted.*

(b) REVOCATION OF CHARTER.—*The charter of incorporation referred to in subsection (a) is hereby revoked.*

#### SEC. 2. AMENDMENT TO THE JICARILLA APACHE TRIBE WATER RIGHTS SETTLEMENT ACT.

*Section 8(e)(3) The Jicarilla Apache Tribe Water Rights Settlement Act (106 Stat. 2241) is amended by striking "December 31, 1996" and inserting "December 31, 1998".*

#### SEC. 3. AMENDMENT TO THE SAN CARLOS APACHE TRIBE WATER RIGHTS SETTLEMENT ACT OF 1992.

*Section 3711(b)(1) of the San Carlos Apache Tribe Water Rights Settlement Act of 1992 (106 Stat. 4752) is amended by striking "December 31, 1996" and inserting "June 30, 1997".*

Mr. McCAIN. Mr. President, I am pleased to rise in support of H.R. 3068 and to urge its passage by the Senate.

The primary purpose of this legislation is to accept the request of the Prairie Island Indian Community of Minnesota to revoke the Federal charter of incorporation issued to the Community pursuant to the Indian Reorganization Act of 1934.

The Prairie Island Indian Community is organized under a Constitution and Bylaws adopted by the Community in 1936 pursuant to section 16 of the Indian Reorganization Act of 1934 (25 U.S.C. 476). Article V of the Prairie Island Constitution, which enumerates the powers of the Community's Coun-

cil, includes a provision that allows the Council to manage economic affairs and enterprises in accordance with the terms of a charter which may be issued to the Community by the Secretary of the Interior pursuant to section 17 of the Indian Reorganization Act. In 1937, the Secretary issued such a Federal charter to the Community.

For 60 years, the Prairie Island Community has relied upon the authorities of its Constitution and Bylaws for the operation of its government and for the operation of its business enterprises. Article V of the Constitution specifically provides authority for the Community to regulate the conduct of trade and the use and disposal of property on the reservation, as well as to charter subordinate organizations for economic purposes and to regulate the activities of such organizations.

The Community has come to view the 1937 charter, which hasn't been amended since it was issued, as outdated, cumbersome, and unnecessary to their efforts to operate successful business enterprises and become economically self-sufficient. Some charter provisions, such as one that precludes the Community from contracting for amounts in excess of \$100 without approval by the Secretary of the Interior, are seen as particularly paternalistic and inappropriate for effective management of tribal resources. Accordingly, the Community has requested that the charter be revoked.

H.R. 3068 accepts the request of the Prairie Island Indian Community that its Federal charter of incorporation be revoked and declares the charter to be revoked. Legislation is needed because Amendment 10 of the charter states that the charter can be revoked only by an Act of Congress.

The Committee on Indian Affairs adopted an amendment in the nature of a substitute to H.R. 3068 that retains the unamended text of H.R. 3068, as passed by the House of Representatives, and adds two new sections that extend the deadlines for completion of two Indian water rights settlements enacted by the Congress in 1992.

The first new section extends until December 31, 1998, the deadline for completion of all requirements necessary to effect the Jicarilla Apache Tribe Water Rights Settlement Act of 1992. The availability to the Tribe of settlement funds and water from two Federal water projects in New Mexico is contingent upon dismissal of actions by the Tribe against the United States in Federal courts and a waiver of the Tribe's reserved water rights claims in general stream adjudications in state courts involving claims to the waters of the San Juan River and its tributaries and the Rio Chama and its tributaries. The 1992 Act requires partial final decrees agreed to by the United States, the Tribe, and the State of New Mexico to be entered into by December 31, 1996. However, this deadline cannot be met, due primarily to unforeseen delays in the necessary state court proceedings to consider the settlement.